

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034033

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 55Primary Registration District No. 5194Registrar's No. 109

STATE FILE NUMBER

FILED SEP 24 1962

1. PLACE OF DEATH

a. COUNTY Carrollb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Bosworth (Ridge)Length of stay in 1b
20yrsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTIONInside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MOb. COUNTY Carrollc. CITY OR TOWN BosworthInside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)First CharlesMiddle PhillipLast Doss

4. DATE OF DEATH

Month Sept.Day 8Year 19625. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
4-29-19039. AGE (last birthday)
59IF UNDER 1 YEAR
Months 4 Days 9IF UNDER 24 HR
Hours 9 Min. 010a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Carpenter10b. KIND OF BUSINESS OR INDUSTRY
"11. BIRTHPLACE (City and state or country)
Chartin CO.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

James Henry Doss

13b. MOTHER'S MAIDEN NAME

Jenetta Terrial

14. NAME OF HUSBAND OR WIFE

Hazel Doss15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No16. SOCIAL SECURITY NO.
[REDACTED]

17. INFORMANT

Mrs. Hazel Doss Bosworth MO.18. CAUSE OF DEATH (Enter only one cause per line for terminal disease)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CarcinomatosisINTERVAL BETWEEN ONSET AND DEATH
1 yr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Sickle cell anemia

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour 8:40 A
a.m. 8:40 A p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8-1-62 to 9-8-62 and last saw him alive on 9-8-62
Death occurred at 8:40 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

W.D. Stuart M.D.

22b. ADDRESS

Brunswick

22c. DATE SIGNED

9-10-6223a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE

9-11-1962

23c. NAME OF CEMETERY OR CREMATORY

Wharton Cemetery

23d. LOCATION (City, town, or county)

M.S.E. Bosworth MO

(State)

24. FUNERAL DIRECTOR

ADDRESS
Leipard-Edwards Bosworth MO

25. DATE RECD. BY LOCAL REG.

9-14-62

26. REGISTRAR'S SIGNATURE

Will Moore Reg.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/591 01702 0170-

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12 90-013 1-0

SEP 25 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

David J. Edwards

Licensed Embalmer No.

3265

P. O. Address

Bonworth Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.